

Student Ney Nature Center Registration Form

Student Information – Please Print

Student Name (First, MI, Last) _____

Address _____

Phone _____

Grade _____

T-shirt Size (circle) YS YM YL AS AM AL AXL (not all programs receive a t-shirt)

Member of the Ney Nature Center _____ Yes _____ No

Fee is due at time of registration. Make checks payable to ‘Ney Nature Center’

Please sign and mail completed forms with check to:

Ney Nature Center
PO Box 93
Henderson MN 56044

(OVER)

Office Use Only

Payment Information

Date Received _____

Fee Due _____

Amount Paid _____

Check # _____

Camper Health Form/ Authorization

April 2007

Ney Nature Center Student Health Form

Student Name (First, MI, Last) _____

Parent/Guardian Information (Please Print)

In the care of: Both Parents _____ Mother Only _____ Father Only _____ Other _____

Name of Custodial Parent(s)/Guardian(s) _____

Phone: Day _____ Evening _____ Cell _____

Person to contact in case of an emergency if parent/guardian cannot be reached.

Name: _____ Relationship: _____

Day Phone: _____ Cell Phone: _____

Medical Contact Information

Physician's Name: _____ Phone: _____

Medical Insurance Carrier: _____ Policy: _____

Health Considerations of Camper

Vaccinations required by school up-to-date? Yes _____ No _____ (if no, please send an explanation note)

Allergies (include Medication and other): Reaction and Treatment:

Chronic Concerns:

_____ This camper has no chronic health concerns and is capable for full participation.

_____ This camper has the following chronic health Concern(s). Check all that apply.

_____ Asthma _____ Diabetes _____ Headaches

_____ Epilepsy _____ Other(s) _____

Provide information about supportive health care needs for each checked item:

Please explain if your camper has had a history of illness, injury or surgery which will effect participation: _____

Parent/Guardian Authorization

I give permission for my camper to attend NNC's Program and participate in all activities. I give permission for my student to be photographed and for the Ney Nature Center to use the picture for publicity.

The Emergency Care Information about my camper is complete and accurate. I know of no reason other than indicated why my child should not participate in prescribed activities except as noted.

In the event my child needs medical attention while at the NNC, I authorize the adult in charge to see that my child receives reasonable first aid and to transport my child to a health care facility for emergency services as needed.

Signature of Parent/Guardian _____ Date _____